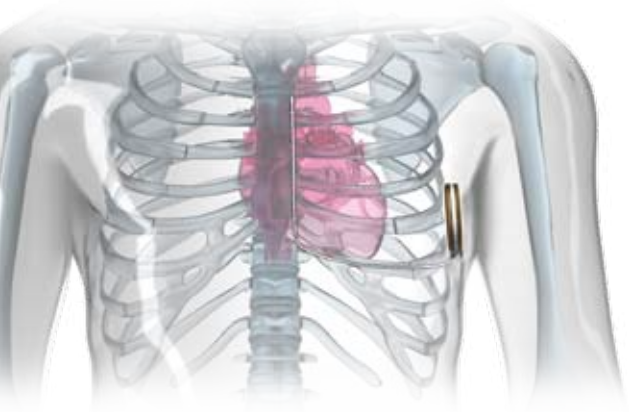


# EMBLEM™ MRI S-ICD SYSTEM

Subcutaneous Implantable Defibrillator

## Implant Procedure



EMBLEM MRI, the 3<sup>rd</sup> generation S-ICD system, builds upon the excellent clinical performance of the world's first subcutaneous ICD: providing protection for patients at risk of sudden cardiac death (SCD) **without the need for transvenous leads.**

## Placement of external defibrillation pads

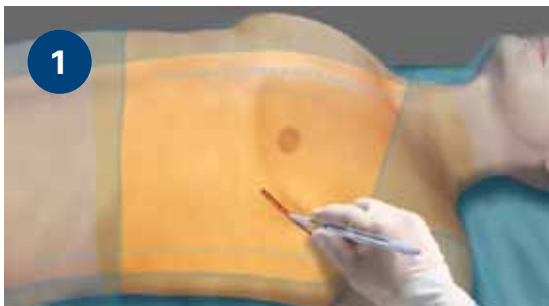
Anterior: Right upper anterior chest

Posterior: Left sub-scapular

## Implant Technique

Before implant, record a 3-lead surface ECG to assess the appropriateness of the surface signals that correlate with device detection.

Using fluoroscopy, visualise the electrode and pulse generator placement. The electrode coil should be placed along the left parasternal margin, incorporating the heart muscle mass between the electrode and the pulse generator, at the apex of the heart.



Once the patient has been properly prepped and draped, an incision is made to place the pulse generator at the mid-axillary line between the 5<sup>th</sup> and 6<sup>th</sup> intercostal spaces.



The electrode is positioned through two subcutaneous tunnels: from the pocket to the xiphoid incision and from the xiphoid to the superior incision.



The pulse generator is then connected to the subcutaneous electrode and secured in the pocket.

# EMBLEM™ MRI S-ICD SYSTEM

## Subcutaneous device positioning

Device should be positioned deep on the facial plane between the 5<sup>th</sup> and 6<sup>th</sup> intercostal spaces on the left midaxillary line.



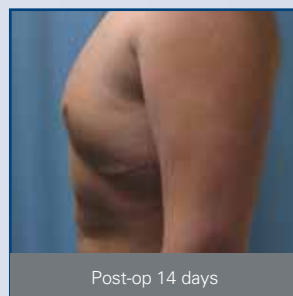
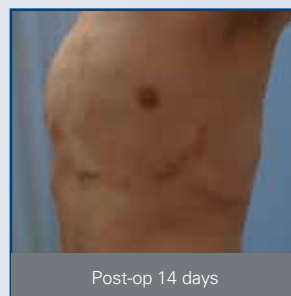
## Optimal Placement

Post-implant X-rays show optimal placement of the pulse generator and subcutaneous electrode.



## Excellent Cosmetic Outcome

The pulse generator's discrete pocket placement offers excellent aesthetic results, even in slender patients. Once implanted, the EMBLEM MRI S-ICD System is designed to not limit the range of motion and most patients are able to resume normal daily activity shortly after the procedure.



Results from case studies are not necessarily predictive of results in other cases. Results in other cases may vary.

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